

CUSTOMER INFORMATION:

Name: _____ Date: _____

last First Middle Initial

Address: _____

Number Street Apt#

Telephone: _____

Home Work Pager

Sport:_____

☐ Girls Event

Event: _____ Date: _____ # of Video _____ x \$25.00=_____

Event: _____ Date: _____ # of Video _____ x \$25.00= _____

Event: _____ Date: _____ # of Video _____ x \$25.00=_____

Event: _____ Date: _____ # of Video _____ x \$25.00= _____

Event: _____ Date: _____ # of Video _____ x \$25.00=_____

Checks payable to **ALOHA STADIUM.** Mailing Address STADIUM STARS Total Cost=_____

P.O. Box 30666 Honolulu, HI 96820-0666

Note: SERVICE FEE (\$15.00) will be assessed for returned checks. Allow 6 weeks for delivery.

*****Aloha Stadium Personnel Use Only*****

Order Form to Scoreboard by: _____ Date: _____ Comments: _____

Order Received From Scoreboard:(Date)_____Comments:_____

Mailed Out By: _____ Date: _____

Comments: _____

Check Written By (Other than above)_____SS#_____

Deposit Date: _____ Batch No#: _____ Check No# _____ Bank No# _____

Payment: Check one: ☐ Check ☐ Money order ☐ Cash

Order taken by Aloha Stadium Personnel: _____ **Date received:** _____

Distribution: Customer (1), Events (1), Scoreboard (2).

STAD-2-2(4/14/04)